

### Renewal Unit Application Form

#### Red Wing Continuing Education

Complete all information below, attach verification of participation, and **forward to "CEU Committee" in the Red Wing Schools District Office.** After the committee has processed the request, the form will be placed in your district continuing education file. Only denied requests will be returned to you.

Name: \_\_\_\_\_ Areas of Licensure: \_\_\_\_\_ File Folder #: \_\_\_\_\_

Last License Renewal Date on PELSB (*Required*) \_\_\_\_\_

School: \_\_\_\_\_ Teaching Position: \_\_\_\_\_

Title of experience: \_\_\_\_\_

Date(s) and time(s) of experience: (*must be after last renewal date*) \_\_\_\_\_

Total hours of Experience/CEU's: \_\_\_\_\_

Relevance of experience related to area(s) of licensure/current assignment: \_\_\_\_\_

Did experience address either of the following? (Check all that apply)

- \_\_\_\_\_ Positive behavioral intervention strategies (PBIS)
- \_\_\_\_\_ Reading preparation
- \_\_\_\_\_ Accommodations, modification and adaptation of curriculum, etc.
- \_\_\_\_\_ Key warning signs mental illness
- \_\_\_\_\_ Suicide prevention Training
- \_\_\_\_\_ English language learner strategies
- \_\_\_\_\_ Cultural competency
- \_\_\_\_\_ American Indian History & Culture

**Documentation of participation is required (transcript, certificate or letter documenting your participation) and must be attached, with enough information to show that a requirement was met.**

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#### For Committee Use Only

The experience ( ) has been approved for \_\_\_\_\_ hours. (Please "x" appropriate category).

Category: A\_\_B\_\_C\_\_D\_\_E\_\_F\_\_G\_\_H\_\_I\_\_ Categories: A. Relevant coursework  
( ) has not been approved (reason): \_\_\_\_\_ B. Workshops, conf., seminars

- \_\_\_\_\_ C. Staff dev., in-service
- \_\_\_\_\_ D. Curriculum development
- \_\_\_\_\_ E. Engagement in formal peer coaching/mentoring
- \_\_\_\_\_ F. Professional service
- \_\_\_\_\_ G. Leadership experiences
- \_\_\_\_\_ H. Opportunities to enhance knowledge and understanding of diverse educational settings
- \_\_\_\_\_ I. Preapproved travel or work experience

Date: \_\_\_\_\_

Signatures: \_\_\_\_\_ (member)

\_\_\_\_\_ (member)

\_\_\_\_\_ (chair)